



Roxann D. Wedegartner
Mayor

City of
GREENFIELD, MASSACHUSETTS
Department of Inspections and Enforcement

Mark A. Snow
Inspector of Buildings

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APPLICATION TO DEMOLISH ANY BUILDING

**THIS FORM MUST BE FILED 7 DAYS PRIOR
TO BEGINNING WORK**

This Section For Official Use Only

Building Permit Number: _____ Date Issued: _____

Signature: _____ Date: _____
Building Commissioner/Inspector of Buildings

SECTION 1 - SITE INFORMATION

1.1 Property Address:

1.2 Assessors Map & Parcel Number:

Map Number _____

Parcel Number _____

1.3 Zoning Information

Zoning District _____

1.4 Property Dimensions:

Lot Area (sf) _____

Frontage (ft) _____

SECTION 2 - PROPERTY OWNERSHIP/AUTHORIZED AGENT

2.1 Owner of Record

Name: (Print) _____

Address : _____

Signature: _____

Telephone: _____

2.2 Authorized Agent

Name: (Print) _____

Address : _____

Signature: _____

Telephone _____

SECTION 3 - CONSTRUCTION SERVICES

3.1 Licensed (Demolition) Contractor:

Not Applicable ±

Licensed

(Demolition) Supervisor: _____

License Number _____

Address: _____

Expiration Date _____

Signature: _____

Telephone Number: _____

**Workers' Compensation Insurance
Affidavit**

Applicant Information: **Please PRINT Legibly**

Name: _____

Location: _____

City _____

☐ I am a homeowner performing all work myself

☐ I am a sole proprietor and have no one working in any capacity

☐ I am an employer providing workers' compensation for my employees working on this job.

Company Name: _____

Address: _____

City: _____ Phone #: _____

Insurance Co.: _____ Policy #: _____

☐ I am a sole proprietor, general contractor, or homeowner (circle one) and have hired the contractors listed below who have the following workers' compensation policies:

Company Name: _____

Address: _____

City: _____ Phone#: _____

Insurance Co.: _____ Policy#: _____

Company Name: _____

Address: _____

City: _____ Phone#: _____

Insurance Co.: _____ Policy#: _____

Attach additional sheet if necessary.

Failure to secure coverage as required under Section 25A of MGL 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one years' imprisonment as well as civil penalties in the form of a STOP WORK ORDER and a fine of \$100.00 a day against me. I understand that a copy of this statement may be forwarded to the Office of Investigations of the DIA for coverage verification.

I do hereby certify under the penalties of perjury that the information provided above is true and correct.

Signature _____
Print
Name _____

Date _____
Phone # _____

Section 5

Brief Description of Proposed Work

SECTION 6 BUILDING HEIGHT AND AREA

BUILDING AREA

Number of Floors or stories (include basement and attic levels) :

Building Width: _____

Building Height: _____

Building Length: _____

SECTION 7 - OWNER AUTHORIZATION - TO BE COMPLETED WHEN OWNERS AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT

I, _____, as Owner of the subject property
hereby authorize _____ to act on

Signature of Owner _____

Date _____

SECTION 8 - OWNER/AUTHORIZED AGENT DECLARATION

I, _____, as Owner/Authorized agent hereby declare that the
statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief.

Signed under the penalties of perjury.

(Print Name)

(Signature of Owner/Agent)

(Date)

SECTION 9 – PERMIT FEE

Permit Fee:

Check Number:

Check Date:

Cash (Attach copy of receipt.):

SECTION 10 - NOTIFICATION

The sixth edition of the Massachusetts State Building Code, 780 CMR, states in part: *“A permit to demolish or remove a building or structure shall not be issued until a release is obtained from the utilities, stating that their respective service connections and appurtenant equipment, such as meters and regulators, have been removed or sealed and plugged in a safe manner.”*

√ if Notified	Utility to Notify:	Signature	Date
<input type="checkbox"/>	Gas	_____	_____
<input type="checkbox"/>	Telephone	_____	_____
<input type="checkbox"/>	Electric	_____	_____
<input type="checkbox"/>	Public Utilities (Municipal)	_____	_____
<input type="checkbox"/>	Health Department	_____	_____
<input type="checkbox"/>	Fire Department	_____	_____
<input type="checkbox"/>	Department of Labor & Industries (Asbestos/Lead)	_____	_____
<input type="checkbox"/>	Other	_____	_____

As a result of the provisions of MGL c40, S54, I acknowledge that as a condition of being granted a Building Permit, all debris resulting from the construction activity governed by said permit shall be disposed of in a properly licensed solid waste disposal facility, as defined by MGL c111, S150A.

Demo/Debris Hauler Name: _____

Phone Number _____

I certify that I will notify the Building Official by (date) _____ (two months maximum) of the location of the solid waste disposal facility where the debris resulting from the said construction activity shall be disposed of, and I shall submit the appropriate form for attachment to the Building Permit.

Location of licensed demolition/debris landfill: _____

Signature _____

Date: _____

Failure to obtain proper permits and inspections including final inspection may result in continued property tax assessments after demolition.